## 

Fill	in this information to identify your o	ase:							
De	btor 1 Theodious	Ellington			_				
1	btor 2 puse, if filing)				_				
Un	ited States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_				
Ca	se number 17-14571				С	heck if this is:			
(If k	nown)		-			An amende	ed filing		
L							ent showing postpetition chapter as of the following date:		
0	fficial Form 106I					MM / DD/ Y	YYYY		
S	chedule I: Your Inc	ome					12/1		
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. It 1: Describe Employment	are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and your s ith you, do not includ	pouse i le infori	s living w	ith you, incl out your spo	ude information about your buse. If more space is needed,		
1.	Fill in your employment								
	information.		Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with	Employment status	Employed			☐ Emple	•		
	information about additional		□ Not employed			☐ Not e	mployed		
	employers.	Occupation	Retired						
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Pa	Give Details About Mo	nthly Income							
	imate monthly income as of the cuse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any line, v	vrite \$0 in the	space. Include your non-filing		
	ou or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	for all e	employers	for that perso	on on the lines below. If you need		
					For	Debtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$ <b>N/A</b> _		
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$ <b>N/A</b> _		

0.00

N/A

4. **Calculate gross Income.** Add line 2 + line 3.

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Deb	tor 1	Theodious Ellington	-	С	ase number (if known)	17-14	571		
					For Debtor 1	For D	ebtor	2 or	ı
	0	ve Pero A home			Φ 2.22		iling s	pouse	
	Cop	by line 4 here	4.		\$	\$		N/A	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		\$0.00	\$		N/A	_
	5e.	Insurance	5e.		\$ 0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	\$		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.		\$ 0.00 \$ 0.00	*—		N/A N/A	_
^		· · · · · · · · · · · · · · · · · · ·	_						-
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		<b>0.00</b>	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	5	\$0.00	\$		N/A	=
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	L	\$ 0.00	\$		N/A	
	8b.	Interest and dividends	8b.		\$ 0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	·.	\$ 0.00	\$		N/A	-
	8d.	Unemployment compensation	8d.		\$ 0.00	\$		N/A	_
	8e.	Social Security	8e.		\$ 1,401.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$0.00 \$1.679.80	\$		N/A	_
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g. 8h.		\$1,679.80 \$0.00	*—		N/A N/A	_
	OII.	Other monthly income. Specify:	_ 011.	. —	Ψ	ΤΨ		IN/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,080.80	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,080.80 + \$		N/A	= \$	3,080.80
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —				' -	0,000.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excity:	depe			•		∍ J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certaillies					12.	\$	3,080.80
13.	Do	you expect an increase or decrease within the year after you file this form	?					Combine month!	ned y income
		No.							
		Voc Evolore I							

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Fill	in this informa	tion to identify yo	our case:			I					
	otor 1					Chec	k if this is:				
Deb	nor i	Theodious E	illington				An amended filing				
1	otor 2						ving postpetition chapter				
(Spouse, if filing)						13 expenses as of the following date:					
Unit	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA	7	MM / DD / YYYY				
Cas	e number 17	7-14571									
(If k	nown)										
O	fficial Fo	rm 106J				-					
		J: Your	Evnor	1606				12/1			
Be info	as complete a ormation. If m mber (if know	and accurate as	possible eded, atta ry questio	. If two married people ar ch another sheet to this				or supplying correct			
1.	Is this a joir		illoiu								
	■ No. Go to		in a separ	ate household?							
	□ N		•								
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Debt	or 2.				
2.	Do you have	e dependents?	□ No								
	Do not list Do Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?			
	Do not state the							□ No			
	dependents	names.			Granddaughte	er	20	Yes			
								□ No □ Yes			
								□ No			
								Yes			
								□ No			
3.	Do your exp	enses include	_	No				☐ Yes			
		f people other the	han $_{\square}$	Yes							
		d your depende	1113 :								
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp							
				government assistance i							
	value of such ficial Form 10		d have inc	cluded it on Schedule I: \	our Income		Your exp	enses			
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4. \$		0.00			
	If not includ	led in line 4:									
	4a. Real e	estate taxes				4a. \$		100.00			
		rty, homeowner's	s, or renter	's insurance		4b. \$		100.00			
		-		pkeep expenses		4c. \$		100.00			
5.		owner's associat nortgage payme		dominium dues <b>our residence,</b> such as ho	me equity loans	4d. \$ 5. \$		0.00			
		3 3 pm,		,,,,,,,,,,		Ψ		2.00			

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Debtor 1 The	odious Ellington	Case number (if kno	own) <b>17-14571</b>
11411141			
<ol> <li>Utilities:</li> <li>6a. Elect</li> </ol>	tricity, heat, natural gas	6a. \$	250.00
	er, sewer, garbage collection	6b. \$	150.00
	phone, cell phone, Internet, satellite, and cable services	6c. \$	
		6d. \$	320.00
	er. Specify:		0.00
	housekeeping supplies	7. \$	500.00
	and children's education costs	8. \$	0.00
-	aundry, and dry cleaning	9. \$	20.00
	care products and services	10. \$	100.00
	nd dental expenses	11. \$	300.00
	ation. Include gas, maintenance, bus or train fare. ude car payments.	12. \$	150.00
	nent, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
	contributions and religious donations	14. \$	50.00
	•	14. Ф	50.00
<ol> <li>Insurance.</li> </ol> Do not include:	ude insurance deducted from your pay or included in lines 4 or 20.		
15a. Life i		15a. \$	0.00
	th insurance	15b. \$	0.00
	cle insurance	15c. \$	150.00
		· · · · · · · · · · · · · · · · · · ·	
	er insurance. Specify:	15d. \$	0.00
Specify:	not include taxes deducted from your pay or included in lines 4 or 20.	16. \$	0.00
	t or lease payments:	47 ^	
	payments for Vehicle 1	17a. \$	0.00
	payments for Vehicle 2	17b. \$	0.00
17c. Othe		17c. \$	0.00
17d. Othe	· · · · · · · · · · · · · · · · · · ·	17d. \$	0.00
	nents of alimony, maintenance, and support that you did not report from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106		0.00
	ments you make to support others who do not live with you.	\$	0.00
Specify:	·	19.	
). Other real	property expenses not included in lines 4 or 5 of this form or on S	chedule I: Your Incor	me.
20a. Mort	gages on other property	20a. \$	0.00
20b. Real	estate taxes	20b. \$	0.00
20c. Prop	erty, homeowner's, or renter's insurance	20c. \$	0.00
•	tenance, repair, and upkeep expenses	20d. \$	0.00
	eowner's association or condominium dues	20e. \$	0.00
I. Other: Spe	oifu:	21. +\$	0.00
·	· -		0.00
	your monthly expenses		
	nes 4 through 21.	\$	2,390.00
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2 \$	
22c. Add lir	ne 22a and 22b. The result is your monthly expenses.	\$	2,390.00
			_,
	your monthly net income.		
	y line 12 (your combined monthly income) from Schedule I.	23a. \$	3,080.80
23b. Copy	y your monthly expenses from line 22c above.	23b\$	2,390.00
	ract your monthly expenses from your monthly income.	220 €	690.80
The	result is your monthly net income.	23c. \$	090.00
	pect an increase or decrease in your expenses within the year afte		
	, do you expect to finish paying for your car loan within the year or do you expect to the terms of your mortgage?	your mortgage payment t	o increase or decrease because of a
■ No.			
☐ Yes.	Explain here:		